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Bib Data Sheet

CONFIRMATION NO. 6469

<b>SERIAL NUMBER</b> 10/510,384	<b>FILING OR 371(c) DATE</b> 10/05/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3775	<b>ATTORNEY DOCKET NO.</b> PRE-SA-0115
<b>APPLICANTS</b> Andre Lechot, ORVIN, SWITZERLAND; Hugh Davies, Shelley, UNITED KINGDOM; Michel Patrick White, West Chester, PA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB03/01725 04/28/2003 which claims benefit of 60/376,479 04/30/2002 and claims benefit of 60/384,186 05/30/2002 and claims benefit of 60/459,594 04/02/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 23
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 33751				
<b>TITLE</b> REAMER SPINDLE FOR MINIMALLY INVASIVE JOINT SURGERY				
<b>FILING FEE RECEIVED</b> 854	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	